

SociALL. Making social care technologies accessible to all

WP2. Assessment of upskilling needs & Dissemination I
Activity 2.2 - Desk research

Czech Republic



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General target group definition

Social care professionals in general: basic roles and responsibilities

A social care professional in the Czech Republic is a person who provides support and assistance to individuals and families in need. This can include individuals with physical or mental disabilities, as well as elderly individuals who require support to maintain their independence. Social care professionals typically work in a variety of settings, including nursing homes, hospitals, and community-based organizations.

The tasks of a social care professional in the Czech Republic may vary depending on the specific role and setting but generally include providing direct care and support to individuals, coordinating with other healthcare and social service providers, and conducting assessments to determine the needs of clients. Social care professionals may also be involved in developing and implementing care plans, providing counselling and support to clients and their families, and advocating on behalf of clients to ensure that their rights are protected.

The roles of social care professionals in the Czech Republic can vary depending on the specific setting and individual's area of expertise. Some common roles for social care professionals in the Czech Republic include:

- **Social workers** provide support and assistance to individuals and families in need. They may conduct assessments to determine the needs of clients, develop and implement care plans, and provide counselling and support to clients and their families. Social workers may work in a variety of settings, including hospitals, nursing homes, and community-based organizations.
- **Nurses** provide medical care and support to individuals who are sick or injured. They may work in hospitals, nursing homes, or other healthcare settings, and may be involved in administering medications, conducting assessments, and providing support and assistance to clients.
- **Occupational therapists** help individuals to develop the skills and abilities needed to carry out daily activities and tasks. They may work with individuals who have physical, mental, or cognitive disabilities, and may use a variety of techniques to help clients develop the skills they need to lead independent lives.



- **Physiotherapists** in social services are healthcare professionals who specialize in the use of physical therapy to help individuals who have injuries, illnesses, or disabilities. Physiotherapists in social services may work with individuals of all ages, from infants to elderly individuals.
- **Personal care assistants** provide support and assistance to individuals who are unable to care for themselves. This can include help with activities such as bathing, dressing, and eating. Personal care assistants may work in a variety of settings, including hospitals, nursing homes, and private homes.

Overall, social care professionals in the Czech Republic work across a range of settings, including hospitals, long-term care facilities, community-based organizations, and private practices. They play a vital role in supporting the health, wellbeing, and independence of individuals in need of care and support.

The care provided by social care professionals in the Czech Republic has evolved over the past 5-10 years in response to various factors, including changes in demographics, advances in technology, and shifting societal values. Some of the key trends and developments that have influenced the evolution of social care in the Czech Republic include:

- **Aging population:** Like many other countries, the Czech Republic has experienced an aging population, with an increasing number of people requiring long-term care and support. This has led to a greater focus on the development of community-based care options and the integration of technology to support independent living and telehealth services.
- **Advances in technology:** Digital tools and technologies have become increasingly integrated into social care practices in the Czech Republic, with the adoption of electronic health records, telehealth systems, and other digital tools to support communication, documentation, and service delivery.
- **Person-centered care:** There has been a growing emphasis on person-centered care in the Czech Republic, which involves tailoring care and support to the individual needs and preferences of each client. This has led to a greater emphasis on collaborative care planning, client choice, and empowerment.
- **Increased focus on mental health:** There has been a greater recognition of the importance of mental health in the Czech Republic, with a focus on early



intervention, prevention, and the integration of mental health support into primary care settings.

- **Integration of social care and healthcare:** There has been a greater integration of social care and healthcare services in the Czech Republic, with a focus on providing holistic, coordinated care to individuals with complex needs.

Qualification of social care professionals

The necessary qualification for the performance of the work of social care professionals is based on the Social Services Act. The condition for carrying out the activity of a social care professional is full legal capacity, integrity, medical competence and professional competence according to this Act.

To become a social care professional in the Czech Republic, individuals typically need to have completed a relevant degree or vocational qualification in social care. Based on the Social Services Act the professional competence of a social care professional is primary education, secondary education, secondary education with a certificate of completion, secondary education with the baccalaureate or higher vocational education together with completion of an accredited qualification course. In some cases, it is not necessary to take this course. It depends on the professional focus of the education you have received. The qualification course must be completed within 18 months of the date of employment. Until this condition is met, the employee shall perform the activity of a social care professional under the supervision of a competent social care professional.

In addition to education, social care professionals in the Czech Republic are also required to have practical experience in the field, typically gained through internships or supervised work placements. After completing their education and practical experience requirements, social care professionals can obtain certification from the Czech Chamber of Social Workers and Social Pedagogues. This certification is required to work as a social worker in the Czech Republic.

As the target group of this project, we consider all the above-mentioned groups, but the focus should be mainly on the last one. Personal care assistants are the direct providers of care, and therefore the most numerous groups of employees in the social sector. In the Czech Republic, the only qualification they need is a 150-hour vocational



training course. They may also only have a primary school education. Therefore, they are the group that is most challenged by the introduction of new and especially digital technologies. The other employees should however also not be overlooked, as in order for any system and technology to be used effectively, it needs to be optimally used by all members of the social care organization.

An example of such a qualification course is an online Qualification Course for Social Service Workers, provided by the Institute of Education of the Association of Social Service Providers of the Czech Republic. The course takes 150 hours, is consist of a theoretical part (104 hours long) and practical training (46 hours) and is divided into 13 training days of 8 lessons. The profile of the graduate of the qualification course is based on the legislative requirements defining the qualification prerequisites for the profession of a social services care professional and the practice.

The theoretical part includes topics like

- Basics of communication, development of communication skills, assertiveness, introduction to alternative communication methods,
- Introduction to psychology, psychopathology, somatology for social service workers.
- Basics of health protection.
- Ethics of social services worker, human rights and dignity.
- Fundamentals of prevention of dependence on social services. Social service. Social and legal minimum.
- Methods of social work.
- Professional practice.
- Basic care of the sick, basic hygiene, introduction psychosocial aspects of chronic infectious diseases.
- Activation, educational and educational techniques, basics of leisure time pedagogy.
- Prevention of abuse and mistreatment of persons receiving social services.
- Fundamentals of teaching home care.
- Crisis intervention.
- Restrictive measures.

- Introduction to disability issues. Managing the actions of a person receiving social services that threaten their health and life or the health and life of other individuals, including the rules of gentle self-defense.

Beyond the required education, the employer is obliged to provide the social care professional with further education of at least 24 hours per calendar year, by which he/she renews, strengthens and completes his/her qualifications.

The forms of further training are:

- Specialization training provided by universities and colleges of higher vocational education, building on the acquired professional competence to practice the profession of social worker,
- participation in courses with an accredited programme,
- internships,
- participation in training events,
- participation in conferences.

Digital skills and requirements

In today's digital age, digital skills have become increasingly important for social care professionals to perform their jobs effectively. These skills can include proficiency in using computers, mobile devices, and software applications, as well as digital communication skills and the ability to adapt to new technologies.

Some specific digital skills that social care professionals may need include:

- **Electronic documentation and record-keeping:** Social care professionals may be required to maintain electronic records of clients' health information, treatment plans, and progress notes, also planning and organizing care.
- **Telehealth and telemedicine:** With the rise of telehealth and telemedicine, social care professionals may need to be proficient in using video conferencing and other remote communication technologies to provide care to clients.
- **Data analysis:** Social care professionals may need to be able to analyze large amounts of data, such as health outcomes, to identify trends and improve care.



- **Digital literacy:** Basic computer and internet literacy are essential for social care professionals to effectively use technology in their work. Basic literacy is needed for the everyday tasks that are not directly connected with social care, like using office and other tools. Also, more and more they need to be familiar with things like internet banking, online communication with official institutions.

In addition to technical skills, social care professionals also need to be able to use digital tools in a way that is ethical and respectful of clients' privacy and confidentiality. Overall, the digital skills and requirements for social care professionals may vary depending on the specific role and organization. It is important for professionals in the social care industry to stay up-to-date with the latest technologies and digital practices to provide the best possible care for their clients.

The current digitalisation of social services can be divided into three main groups. The first is digital communication, the second is the use of technology to make clients safer, and the third is the robotization of care. The great accelerator of digitisation in social services was also the pandemic of covid-19. Social workers from social prevention services as well as professional counsellors started to provide social counselling or crisis intervention remotely and this trend continues.

Application of telemedicine in clinical practice

The need to introduce telemedicine (TM) into routine clinical practice has resonated in our society over the last year. The aim is to ensure its availability to the majority of chronic patients. However, awareness of this issue is not universal across all segments of society. In the survey conducted, only 13% of respondents had at least a rough idea of what this healthcare system can bring them beyond the standard services defined by law. The survey also showed that the respondents perceive this issue narrowly in terms of patient-doctor teleconsultation and vice versa based on video chat, request for sending e-prescription, or possibly e-sick note.

Although there is no official institution that would coordinate the activities of individual players in the field of TM, the Working Group on Telemedicine of the Ministry of Health of the Czech Republic (MH CR) has been established. This platform offers a sophisticated professional dialogue between all key players - the MH CR, the General Health Insurance Company of the Czech Republic (VZP CR) and the Association of



Health Insurance Companies (Svaz ZP), professional societies, patient organisations, IT specialists, lawyers, the social sphere and a number of other entities.

Health care payers are the key subjects for the implementation of TM in practice. The good news is that recently there has been a preliminary agreement between the management of VZP ČR and the Union of Health Care Providers on the use of an identical platform for telemedicine patient monitoring, which will generate accurate data for the benefit of both patients and health care operators, and of course for payers.

Ethics of smart solutions

For example, so-called emergency care services have seen a major shift. Smartwatches are now used, which can do a whole range of things in addition to calling for help. They can detect a fall or keep an eye on a person within a defined area. Watches or sensors in the home monitor not only the elderly themselves, but also their daily activities and routines. If there is an abnormality, the system will again alert the monitoring centre, which will check whether the senior's health has deteriorated. Similar technologies that monitor movement and allow access to different rooms are also used in residential social services. Of course, this use also brings with it a number of ethical dilemmas and debates. Smart beds equipped with sensors that monitor, for example, bed abandonment or night-time restlessness, small robots that alert the elderly to take their medication, and incontinence devices with a chip indicating the need for replacement are in the development or pilot project phase.

A strong platform for digitalisation in the Czech Republic

There are many projects, approaches, ideas, activities and interests in the field of digitisation. It is this "digital revolution" that has led to the creation of the Alliance for Telemedicine and Digitalization of Healthcare and Social Services in the Czech Republic, which represents a professional platform of healthcare and social service providers, representatives of the healthcare industry, IT companies and companies, as well as leading Czech experts and professionals. A number of discussions are currently taking place in individual committees and expert groups, not only on the benefits of digitalization, but also on the risks or barriers. Digitisation cannot replace

either health care or social care, or services provided by people. However, it can and will improve, rationalise and streamline them.

An example of a czech company with international reach that ventures into digitalization in social care is called Oscar Enterprise. It helps care providers increase the effectiveness of their support by connecting with clients, not only in-person but also remotely via video calls, messages, and other touchpoints. Thanks to this you can remotely support more clients who can happily age in place, prolong vitality, and live life to the fullest. Oscar Enterprise offers various advanced features, for example, auto-answer calls, voice assistant, and medication management. But, the most useful feature for our customers is definitely the connection to smart devices such as sensors, alarm button, remote locks, cameras, etc.

The level of digital tools used in social care

The level of digital tools used by social care professionals can vary depending on the specific role and organization. However, digital tools are increasingly becoming more integrated into social care practices and are being used at various levels.

At the most basic level, social care professionals use digital tools such as email, word processing software, and electronic calendars to manage their work and communicate with colleagues and clients. At a more advanced level, social care professionals use electronic health record systems to maintain client records, manage medication lists, and track client progress. They also use telehealth technologies, such as video conferencing, to conduct virtual appointments with clients who are unable to meet in person. Some social care organizations also use data analytics tools to monitor and evaluate the effectiveness of care interventions and inform decision-making. Additionally, social care professionals use social media and online forums to provide education and support to clients and caregivers.

According to a report by the European Commission in 2020, the use of digital tools in healthcare is increasing in the Czech Republic. The report highlights that the Czech Republic has made progress in digitizing its healthcare system, including the implementation of electronic health records and the establishment of a national eHealth portal. This suggests that social care professionals in the Czech Republic are likely to use digital tools in their work, although the specific level of usage may vary depending on the role, organization, and region.

It is worth noting that the adoption of digital tools and technology can often vary between different healthcare settings and professions, as well as depending on factors such as access to funding and training.

The topic of digitisation has been raised more and more frequently over the last decade, and the covid-19 pandemic has accelerated the shift towards digitisation in virtually all segments and sectors, including health and social services.

Based on the experience of social care providers there is a difference in the role that technology played before and during the pandemic. Providers indicated that workers perceived differences at different levels, i.e. in different areas of social work. In organizations that had already had an experience using technology in the pre-pandemic period, the changes were in terms of the changing range of clients accessing the service, but also in terms of the intensity of the contact. The number of remote contacts made, or the number of clients receiving services remotely, increased significantly during the pandemic. Social care providers were aware that there were digital technologies that could be used both for internal communication within the team and for working with clients. However, the extent to which they were integrated into daily work and the experience of using them varied. In organisations where staff did not have experience with digital technologies, it was more a question of finding ways to use the available technologies and whether this was even possible from both a practical and legislative perspective.

In addition to the intensity of contact, what technology is used for has changed in organisations. It turns out that they used to play a limited role as a kind of space designed only for initial contact or arranging for the next steps towards a face-to-face meeting; now organisations are looking for ways to meet the client's needs completely in a remote way. In many cases, they tried to be creative within the legislative confines and offer a service that would ease a difficult time for their target group.

In general, it could be said that in the time before the pandemic, technology played a secondary or complementary role, and now social work has found its centre of gravity in virtual space. It is clear that organisations have tried to make the most of technology, but this has not always been possible mainly due to technical support on the client side.

Needs

The extent to which digital tools meet the needs of social care professionals in the Czech Republic, and whether they see them as beneficial, can depend on various factors, such as the specific tools used, the level of training and support available, and the attitudes and preferences of individual professionals.

Overall, digital tools have the potential to offer several benefits to social care professionals, such as improved communication with clients and colleagues, more efficient management of client records and data, and greater flexibility in service delivery through telehealth and other virtual care options. Digital tools can also support the delivery of person-centred care, enabling social care professionals to tailor their services to the unique needs and preferences of each client.

However, the adoption of digital tools can also present challenges, such as the need for adequate training and support to ensure that professionals are able to use the tools effectively, as well as concerns around the privacy and security of client information. Some social care professionals may also prefer more traditional, face-to-face methods of service delivery, which can create resistance to the adoption of digital tools.

The necessity of digital knowledge

Digital knowledge is becoming increasingly necessary for social care professionals to perform their daily work effectively. In today's digital age, digital tools and technologies are being integrated into social care practices at various levels, from basic communication tools to more advanced telehealth systems and electronic health records.

Professionals who work in social care need to be able to use digital tools to manage client records, communicate with clients and colleagues, and access resources and information. They may also need to use digital tools to support telehealth (it is more a field for the health care providers, but the social care providers need to be familiar with it) and other virtual care options, which have become increasingly important during the COVID-19 pandemic.

In addition to technical skills, social care professionals also need to be able to use digital tools in a way that is ethical and respectful of clients' privacy and confidentiality.

They need to be able to manage and secure sensitive client information and adhere to relevant laws and regulations.

Overall, digital knowledge is increasingly necessary for social care professionals to perform their daily work effectively and efficiently. The specific level of digital knowledge required may vary depending on the specific role, organization, and country, but it is clear that digital tools are becoming an increasingly important part of social care practices.

Home care: definitions and context

Home care refers to health care for the long-term ill provided by social care professionals. Home care is decided by the attending GP. In-home care, carers come to the person they care for to help them with self-care, hygiene, dressing or eating, cooking, and household maintenance. In long-term home care, carers also act as escorts to doctors, offices, cultural activities, rehabilitation, etc.

Home care for the long-term sick contributes significantly to maintaining or improving a person's health. Thanks to the caregiver's supervision, the patient stays in contact with his or her surroundings, has someone to talk to and his or her psyche is not threatened by loneliness or being in a depressing environment, as hospitals can affect some people. Home care also develops the patient's self-sufficiency, and continuous monitoring minimizes the risk of complications.

Home health care is

- health care provided by qualified nurses in the comfort of the patient's home, as prescribed by the attending physician
- suitable for patients whose medical condition no longer requires hospitalisation. The scope of care varies from case to case and is determined by the attending or general practitioner
- for clients of all ages who need short-term treatment, for example after an accident or surgery, or who suffer from a chronic illness and would need to be admitted to inpatient wards of hospitals or long-term care facilities
- also, for patients in the terminal stage of life, i.e. dying patients



- fully covered by the public health insurance budget. The patient, therefore, does not have to pay for the health care ordered

This type of care focuses mainly on patients with chronic illnesses, both physical and psychological. In addition, home care is provided to people who are in the final stages of life to prevent them from suffering excessively. However, preventive home care is also possible if ordered by a doctor, where sudden changes in health (e.g. critical blood pressure or blood sugar levels) are monitored. As already mentioned, the provision of home care is decided by the general practitioner, or may be ordered by the attending specialist, but may be done within 14 days of discharge from an inpatient facility.

Home care is a service to which every citizen of the Czech Republic is entitled, provided they have a referral from their doctor and have health insurance which pays for home care in full. The caregiver comes up to three times a day for one hour. However, the patient may need special equipment for home care. This is usually only partially covered by the insurance company. You can use the state care allowance to cover these costs.

The allowance is for people who pay for care or services from a close relative. It is issued on the basis of a social assessment, a medical report and an application to the employment office by the patient or their relatives.

The difference between health and social care at home

Home health care is

- provided to everyone regardless of age - from newborns to patients in the terminal stage of life
- covered by public health insurance when indicated by a GP or hospital doctor
- carried out by a qualified nurse who goes to the patient's home and performs only medical procedures as indicated by the doctor

Social care - personal assistance is

- provided to all without age limitation, as well as to people with disabilities and the elderly

- covered by the social care allowance, which the client is not automatically entitled to. You need to fill in the appropriate forms, which also include fields for the attending GP. This form is submitted to the employment office in the place of residence, where it goes through an approval process that can take several months. The recognised amount is then topped up to the claimant from the date of application. The client can also pay for this type of care from his own resources
- after the social investigation, the social service worker goes to the client's home and assists him/her with activities that are precisely formulated in advance - helping with personal hygiene, providing meals, washing and ironing clothes, cleaning, shopping, delivering prescriptions and medicines, etc.

How has COVID affected home care

The COVID-19 pandemic has had a significant impact on home care in the Czech Republic. The pandemic has led to changes in the way that home care is delivered, as well as increased demand for services.

New difficulties or a worsening of existing ones. Fear of personal visits and a deterioration in the physical and psychological state of clients. Absence of colleagues due to illness, quarantine or school closures. New procedures, innovations, but also a big increase in administration. This, in a nutshell, brought the period from spring 2020 to spring 2021, in which social care providers had to deal with the circumstances brought about by the covid-19 disease pandemic and the related measures and restrictions.

One of the main impacts of COVID-19 on home care in the Czech Republic has been an increase in demand for services. With many older adults and individuals with underlying health conditions at higher risk of severe illness from COVID-19, many people have sought out home care services as a way to reduce their risk of exposure to the virus in institutional settings. Moreover, COVID-19 accelerated the deterioration in health of many of the elderly and advanced their need for care, both social and health. At the same time, COVID-19 has also presented significant challenges for home care providers in the Czech Republic. These challenges have included:

- **Increased safety precautions:** Home care providers have had to implement increased safety precautions to reduce the risk of COVID-19 transmission, such



as the use of personal protective equipment (PPE), social distancing, and increased hygiene protocols.

- **Changes in service delivery:** Some home care services have had to change the way they deliver care in response to COVID-19, such as the increased use of telehealth and virtual care options.
- **Staff shortages:** The pandemic has led to staff shortages in some areas of home care, as staff have become ill or needed to quarantine.

Moreover, social care providers consider the lack of clarity and ambiguity of government measures, the unclear duration of the restrictions and the poor set-up of government measures to be the biggest problems within the Covid-19 pandemic. In spring 2020, the lack of protective equipment and the lack of information from public authorities added to the above. In the first phase, a number of social services were closed down without compensation and from one day to the next, which, for example, meant an enormous burden for families caring for a member with a physical or mental disability, the cessation of outreach support for families in distress or tutoring in low-care centres. It was also a period of self-help sewing of drapes, problematic government supply of protective equipment and massive food distribution to the homes of the sick and elderly by volunteers. Among the worst impacts of the corona crisis were the deterioration of clients' physical and mental health, large numbers of staff and clients sick or quarantined, especially in the fall and winter of 2020, and the absence of colleagues due to school closures.

Comparing the two periods, it is again evident that in spring 2020 government action which closed some services (particularly for disabled people, children and families in need) without compensation left these people without help. The first wave then added work with clients in the most critical and isolated groups: the homeless, people in crisis and the elderly. In the fall, work with families and children intensified because of distance learning.

Overall, the COVID-19 pandemic has had a significant impact on home care in the Czech Republic, leading to changes in service delivery, increased demand, and new challenges for home care providers.

The COVID-19 pandemic has led to the adoption of several new technologies in the Czech Republic, particularly in the field of healthcare and social care. Some of the new technologies that were used during COVID-19 include:

- **Virtual care:** Virtual care involves the use of technology to provide remote care services, such as video consultations and virtual visits. This technology has been increasingly used in the Czech Republic during the pandemic to reduce the risk of exposure to the virus for patients and social care providers. There were pilots of providing psychological and psychiatric care during COVID-19, with the mental health being another and maybe one of the greatest issues of the lengthy pandemic.
- **Remote patient monitoring:** Remote patient monitoring involves the use of digital devices to collect and transmit health data from patients in their homes. This technology has been used during COVID-19 to monitor patients with chronic conditions who are at higher risk of complications from the virus.
- **Digital contact tracing:** Digital contact tracing involves the use of mobile apps and other digital tools to track the spread of COVID-19 and identify individuals who may have been exposed to the virus. This technology has been used in the Czech Republic to support traditional contact tracing efforts.
- **Virtual reality:** Virtual reality technology has been used in the Czech Republic during the pandemic to provide virtual therapy and support to patients with mental health conditions.
- **Robotics:** Robotics technology has been used in some healthcare settings in the Czech Republic during the pandemic to support patient care, such as delivering meals and medication.
- **Mobile apps:** Mobile apps have been used in the Czech Republic during the pandemic to support home social care providers with tasks such as scheduling and communication.

It is still too early to know which of these technologies will become permanent fixtures in home social care in the Czech Republic. However, the adoption of virtual care and remote monitoring is likely to continue to increase as these technologies have the potential to improve access to care, reduce healthcare costs, and support patient self-management.



Education of the target group in the partners' countries

The specific legal background of education

The education of social care professionals in the Czech Republic is governed by several laws and regulations. The main laws that regulate the education of social care professionals include:

- **Act No. 96/2004** on the Conditions for the Acquisition and Recognition of Further Education of Pedagogical Workers and on Amendments to Some Acts (the Further Education Act): This law regulates the further education of pedagogical workers, including social care professionals. It sets out the requirements for educational programs, the accreditation process for educational institutions, and the conditions for the recognition of qualifications.
- **Act No. 108/2006** on Social Services (the Social Services Act): This law sets out the legal framework for the provision of social services in the Czech Republic. It defines the roles and responsibilities of social care professionals, including social workers and other care providers, and sets out the standards for their education and qualifications.
- **Act No. 563/2004** on Pedagogical Staff and on Amendments to Some Acts (the Pedagogical Staff Act): This law regulates the education and qualifications of pedagogical staff, including teachers and other educational professionals. It sets out the requirements for educational programs, the accreditation process for educational institutions, and the conditions for the recognition of qualifications.

In addition to these laws, there are also several regulations and guidelines that provide more detailed requirements for the education of social care professionals. These include:

- **Accreditation Standards for Higher Education Institutions and Study Programs:** This regulation sets out the criteria and standards for the accreditation of higher education institutions and study programs, including those in social work and other care professions.
- **Framework Education Program for Social Work:** This document sets out the basic framework for the education of social workers in the Czech Republic. It defines the competencies and knowledge areas that social workers should



possess, and sets out the standards for educational programs and qualifications.

- **National Standards for Social Services:** These standards define the minimum requirements for the provision of social services in the Czech Republic. They include standards for the education and qualifications of social care professionals, as well as standards for the quality of care provided.

These laws, regulations, and guidelines provide the legal framework for the education and qualifications of social care professionals in the Czech Republic, and ensure that they are equipped with the necessary skills and knowledge to provide high-quality care to individuals and communities.

[Overview of the national care professionals' education in the Czech Republic](#)

1. **Social Work Education:** Social work education in the Czech Republic is offered at both the bachelor's and master's level. The programs typically take 3-4 years for the bachelor's degree and 1-2 years for the master's degree. The curriculum includes both theoretical and practical aspects of social work, such as social policy, human development, social work methods, and research methods. It is also possible to attend higher specialization education (DiS.).
2. **Nursing Education:** Nursing education in the Czech Republic is also offered at both the bachelor's and master's level. The programs typically take 3-4 years for the bachelor's degree and 1-2 years for the master's degree. The curriculum includes both theoretical and practical aspects of nursing, such as anatomy, pharmacology, patient care, and nursing management.
3. **Psychology Education:** Psychology education in the Czech Republic is offered at the bachelor's, master's, and doctoral levels. The programs typically take 3-4 years for the bachelor's degree, 1-2 years for the master's degree, and 3-4 years for the doctoral degree. The curriculum includes both theoretical and practical aspects of psychology, such as cognitive psychology, social psychology, developmental psychology, and research methods.
4. **Occupational Therapy Education:** Occupational therapy education in the Czech Republic is offered at the bachelor's and master's level. The programs typically take 3-4 years for the bachelor's degree and 1-2 years for the master's degree. The curriculum includes both theoretical and practical aspects of



occupational therapy, such as anatomy, kinesiology, therapeutic techniques, and research methods. There is also education on high school level for the social care assistants, but it is not too widespread and sadly there are very few such trained care assistants.

Overall, the education of national care professionals in the Czech Republic is focused on both theoretical knowledge and practical skills. The programs are designed to prepare graduates to work in a variety of care settings and provide quality care to individuals and communities.

Social care professionals in the Czech Republic are required to participate in ongoing training and professional development to maintain their skills and knowledge. The frequency of training varies depending on the profession and employer, but typically professionals are expected to participate in at least 24 hours of continuing education per year. This can include both formal classroom-based training and on-the-job training. Some common fields of training for care professionals in the Czech Republic include:

- **Communication skills:** This includes training in effective communication with clients, colleagues, and other professionals.
- **Cultural competence:** This includes training on how to work effectively with people from diverse cultural backgrounds.
- **Ethics:** This includes training on ethical principles and standards for care professionals.
- **Case management:** This includes training on how to manage and coordinate care for clients in a variety of settings.
- **Technology:** This includes training on how to use technology to improve care and communication with clients.

Educational approaches used in the training of care professionals in the Czech Republic vary depending on the profession and the educational institution. However, there is a growing trend towards using experiential and hands-on learning approaches, such as case-based learning, simulations, and role-playing. Many programs also incorporate opportunities for students to gain practical experience through internships and other supervised work placements.

In addition, there is a growing emphasis on interdisciplinary education, where students from different care professions learn together in order to improve collaboration and

communication among care teams. This approach is seen as particularly important for addressing complex health and social issues that require a coordinated effort among different care providers.

It is also worth to mention the lifelong education in the social care sector. This is at 10 years still very young and lacks options for advance through specialization training. There are examples of good practice in attempting that, such as courses organised by Institut vzdělávání APSS ČR.

National socioeconomic matrix, educational trends

According to the current version of the Czech Republic's Shortage Occupations List (2021), social care professionals are not listed as a shortage occupation. However, it's important to note that this list is subject to periodic updates based on the current state of the labor market and economic needs of the country. So, it's possible that social care professionals may be added to the shortage occupation list in the future if there is a high demand for their services and a shortage of qualified professionals.

Regional differences in social care

In the Czech Republic, regional differences in social care can be identified. While the government provides a certain level of funding for social services nationwide, the provision of social care is largely the responsibility of individual municipalities and regions, which can result in varying levels of services depending on the area.

In some regions, there may be more resources available for social care, such as higher numbers of trained professionals and better-equipped facilities, while other regions may have fewer resources available, resulting in a lower level of care.

For example, in some rural areas of the Czech Republic, there may be a shortage of home care professionals and other social care services due to a lack of funding or difficulty in attracting and retaining qualified staff. On the other hand, larger cities may have more resources available for social care due to a higher concentration of population and more diversified economy.

However, the Czech government has been working to address these regional differences by implementing policies aimed at improving access to social care services in all areas of the country. Additionally, there are various non-governmental



organizations that operate across the country to provide social care services to those in need, regardless of their location. There are certain regions that are known to face particular challenges in this regard. Some of these regions include:

1. **The Ústí nad Labem Region:** This region, located in the northwestern part of the country, has a relatively high unemployment rate and a significant population of Roma people, who often face discrimination and social exclusion. These factors can contribute to a higher demand for social care services and a shortage of qualified professionals to provide them.
2. **The Moravian-Silesian Region:** This region, located in the northeastern part of the country, has a higher than average poverty rate and a significant population of elderly residents. This can lead to a higher demand for social care services, including home care, nursing homes, and social assistance programs.
3. **The Zlín Region:** This region, located in the eastern part of the country, has a lower population density and a relatively high percentage of elderly residents. This can result in a shortage of qualified social care professionals and fewer resources available for social care services.

The capital city, Prague, it is a region with regular staff shortages, as it is harder to find staff for the offered wages, which are universal throughout the country.

However, these are general trends and that there can be significant variation in social care provision within each region, depending on factors such as population density, urbanization, and funding availability. Additionally, the Czech government is working to improve social care provision across the country, including in regions that may currently face challenges in this regard.

Age groups and disease types

In the Czech Republic, social care professionals specialize in working with specific age groups or individuals with certain diseases or disabilities.

Common age groups that social care professionals work with include:

- **Children and youth:** Social care professionals who work with children and youth may provide services such as counseling, education, and support to help them overcome social, behavioral, or emotional challenges.

- **Adults:** Social care professionals who work with adults may provide services such as case management, counseling, and support for individuals with disabilities or chronic illnesses, as well as those who may be experiencing homelessness or financial hardship.
- **Seniors:** Social care professionals who work with seniors may provide services such as home care, nursing home care, and social assistance programs to help meet the needs of this population.

Common diseases or disabilities that social care professionals work with include:

- **Mental illness:** Social care professionals who work with individuals with mental illness may provide services such as counseling, medication management, and support for managing symptoms.
- **Physical disabilities:** Social care professionals who work with individuals with physical disabilities may provide services such as home care, assistive technology, and support for activities of daily living.
- **Chronic illnesses:** Social care professionals who work with individuals with chronic illnesses may provide services such as case management, medication management, and support for managing symptoms and maintaining quality of life.
- **Terminal illnesses:** Social care professionals who work with individuals with terminal illnesses may provide services such as hospice care, pain management, and support for end-of-life care and decision-making.

Overall, social care professionals in the Czech Republic work across multiple age groups and disease types, depending on their qualifications and areas of expertise.

Educational opportunities and educational central locations in the country

In the Czech Republic, there are several educational opportunities for social care professionals, including vocational schools, colleges, and universities. Some of the main educational central locations in the country for social care studies include:

1. **Prague:** The capital city of Prague is home to several universities and colleges that offer social care programs, including Charles University, University of Economics, and Prague College.



2. **Brno:** The city of Brno, located in the eastern part of the country, is home to Masaryk University, which offers social care programs at the undergraduate and graduate levels.
3. **Olomouc:** The city of Olomouc, located in the eastern part of the country, is home to Palacký University, which offers social care programs at the undergraduate and graduate levels.
4. **Ostrava:** The city of Ostrava, located in the northeastern part of the country, is home to the Technical University of Ostrava, which offers social care programs at the undergraduate and graduate levels.

A connection between the place of education and the place of work for social care professionals can be identified, as many educational institutions have partnerships with social care organizations and facilities in the surrounding area. Additionally, social care professionals may choose to work in the area where they received their education or where they have established professional connections.

Tech-related needs of care professionals

It is generally recognized that the use of technology is increasing in this field. Many social care organizations and professionals are recognizing the potential benefits of using technology to improve the quality and efficiency of care, and are investing in new tools and techniques to support their work.

For example, a 2018 study by the European Commission found that the use of e-health tools and services, such as telemedicine and electronic health records, is increasing across the European Union, including in the Czech Republic. The study found that around 35% of Czech citizens reported using some form of e-health service in the past 12 months, which suggests that the use of technology in healthcare and social care is becoming more common.

However, the use of technology in social care services can vary depending on a range of factors, such as the specific needs and preferences of clients, the availability of funding and resources for technology, and the training and expertise of social care professionals. Some social care organizations and professionals may be more technologically advanced than others, and may have greater capacity to use technology in their work.

It's important to note that the effective use of technology in home care services can require specialized training and expertise, and that some professionals may have limited experience or resources to use technology effectively. For example, social care professionals face challenges in implementing new technologies due to limited funding or resources for equipment and training, or a lack of support from organizational leadership or policymakers. Additionally, some professionals have limited technical skills or may be uncomfortable with new technologies, which can create barriers to adoption and use.

Some of the technical shortcomings that home care professionals face in the Czech Republic include:

1. **Limited access to technology:** Some home care professionals do not have access to the necessary technology, such as smartphones, tablets, or laptops, to effectively communicate with clients and access important information.
2. **Limited technical skills:** Some home care professionals have limited technical skills or may be uncomfortable with new technologies, which can create barriers to adoption and use.
3. **Limited support and training:** Home care professionals do not receive adequate support and training to effectively use technology, including how to use new tools, how to troubleshoot problems, and how to integrate technology into their daily workflows.
4. **Limited infrastructure:** In some areas, there is limited infrastructure, such as broadband internet access, that can make it difficult for home care professionals to access and use technology effectively.

To address these challenges, social care organizations and policymakers need to invest in training and support programs to help professionals build their technical skills and confidence, and to provide incentives and resources to encourage the adoption and use of new technologies. Additionally, it may be important to ensure that new technologies are designed with the needs and preferences of social care professionals and clients in mind, and that they are easy to use and integrate into existing workflows.

Good examples in EU

There are several good examples of tech-enhanced tools and techniques being used in home care services across the European Union. Here are a few examples:

1. **Telecare and telemedicine:** Telecare and telemedicine are technologies that allow remote monitoring and communication between patients and healthcare professionals. This can include remote health monitoring devices, video conferencing tools, and mobile applications that allow patients to track their health status and communicate with healthcare professionals. Several countries, including the UK, Denmark, and the Netherlands, have implemented telecare and telemedicine programs to support home care services.
2. **Electronic health records:** Electronic health records (EHRs) are digital systems that allow healthcare professionals to access and share patient health information. EHRs can improve care coordination and reduce errors by ensuring that all healthcare professionals have access to up-to-date patient information. Many countries, including Germany, Sweden, and Finland, have implemented national EHR systems to support home care services.
3. **Wearable technology:** Wearable technology, such as fitness trackers and smartwatches, can help patients and healthcare professionals monitor and track health data, such as activity levels, heart rate, and sleep patterns. This information can be used to identify potential health problems and monitor patient progress. Wearable technology is being used in home care services in several countries, including France, Italy, and Spain.
4. **Virtual reality and gaming:** Virtual reality (VR) and gaming technologies can be used to support rehabilitation and physical therapy for patients with mobility issues. These technologies can simulate real-world environments and activities, allowing patients to practice movements and build strength in a safe and controlled setting. VR and gaming technologies are being used in home care services in several countries, including the UK and the Netherlands. Virtual reality is also used for training in the Czech republic.

These are just a few examples of the tech-enhanced tools and techniques being used in home care services across the European Union. While the specific approaches may vary by country and context, the goal is to use technology to improve the quality and efficiency of care, and to support patients in living healthy and independent lives.



Digital tools and innovative solutions in other countries

There are several digital tools and innovative solutions in home social care that are available in countries outside the European Union (EU). Here are some examples:

1. **Japan:** The RIBA II (Robot for Interactive Body Assistance) is a robot developed in Japan that can assist elderly people with daily activities such as lifting and moving objects. It uses sensors and cameras to detect movement and can respond to voice commands.
2. **United States:** The CarePredict Tempo is a wearable device that tracks the activity and behavior of elderly people in their homes. It uses artificial intelligence to detect changes in behavior patterns that could indicate health problems or other issues.
3. **South Korea:** The AI Home Care Robot is a robot developed in South Korea that can provide assistance with tasks such as medication reminders, monitoring vital signs, and communication with healthcare providers.
4. **China:** The Tencent Doctorwork platform provides online consultations with doctors and other healthcare providers. Patients can use the platform to receive advice and prescriptions without leaving their homes.
5. **Israel:** The Intuition Robotics ElliQ is a robotic companion designed to provide social and emotional support to elderly people. It uses natural language processing and machine learning to communicate with users and offer suggestions for activities and social connections.

These are just a few examples of the digital tools and innovative solutions available in-home social care in countries outside the EU. Each country may have its own unique approaches to home social care, based on cultural and economic factors as well as technological advancements.

General factors that could influence the acceptance and adoption of digital tools and innovative solutions in home social care.

- **Affordability:** The cost of implementing and using digital tools and innovative solutions is likely to be a major factor in the Czech Republic's willingness to adopt them. Solutions that are cost-effective and provide value for money are more likely to be welcomed.

- **Accessibility:** The ease of use and accessibility of digital tools and innovative solutions is also a crucial factor in their acceptance. Solutions that are user-friendly and do not require extensive technical knowledge or training are more likely to be adopted.
- **Cultural factors:** Cultural factors such as attitudes towards technology and social care, as well as the perception of the elderly population and their needs, can also influence the adoption of digital tools and innovative solutions.
- **Legal and regulatory environment:** The regulatory and legal environment in the Czech Republic could also affect the adoption of digital tools and innovative solutions in home social care. Solutions that comply with local regulations and are supported by the government are more likely to be adopted.

Given these factors, the digital tools and innovative solutions that are most likely to be welcomed in the social care sector in the Czech Republic are those that are cost-effective, user-friendly, culturally sensitive, and comply with local regulations. It's important to note that the preferences of elderly people and their families, as well as the social care providers and policymakers, could also influence the adoption of these solutions.

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